



INDIVIDUAL RESPONSIBILITY PLAN (IRP)

EMPLOYMENT:
EMPLOYMENT (FT or PT)

I will maintain my employment with the employer listed below beginning on the date listed below. I will perform my assigned job duties and report any changes in my employment status to my Case Manager within 10 days. If I require additional services or supports to maintain my employment, I will call my case manager and explain what I need to keep my job. I have adequate child care and transportation has been addressed, and is not an issue. My WorkFirst case manager and I will review this IRP again on the date listed below.

My employment is ☐ Full-time ☐ 3/4 time ☐ Half-time ☐ Quarter time

Employer: _____

Employment start date: _____

Date of next IRP review: _____